



## Ohio Board of Nursing

[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

I certify that the attached records are a true copy of Ohio Board of Nursing disciplinary records.

*Betsy J. Houchen*

Betsy Houchen, R.N., M.S., J.D.  
Executive Director





# Ohio Board of Nursing

www.state.oh.us/nur

17 S. High Street, Suite 400 • Columbus, Ohio 43215-3413 • (614) 466-3947

## BEFORE THE OHIO BOARD OF NURSING

IN THE MATTER OF:

ORDER 933

CASE # 02-0726

KATHY WOOD aka KATHY BROWN, R.N., C.N.M.:

### ENTRY OF ORDER

On November 12, 2003, KATHY WOOD aka KATHY BROWN, R.N., C.N.M. (hereinafter "MS. WOOD aka MS. BROWN"), executed a Voluntary Surrender of her license to practice nursing as a registered nurse and certificate of authority to practice as a certified nurse midwife with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of MS. WOOD's aka MS. BROWN'S express waiver of the provisions of Chapter 119, Ohio Revised Code, it is hereby ORDERED that license #R.N. 240235 and certificate #N.M. 06370 authorizing KATHY WOOD aka MS. BROWN, to practice nursing as a registered nurse and as a certified nurse midwife be PERMANENTLY REVOKED, effective November 21, 2003.

This ORDER is hereby entered upon the Journal of the State Board of Nursing for the 21<sup>st</sup> day of November, 2003, and the original thereof shall be kept with said Journal.

OHIO BOARD OF NURSING

(SEAL)

Mary Kay Sturborn, R.N., B.S.N.

President

November 21, 2003

Date

LFR/djf

cc: Katherine J. Bockbrader  
Assistant Attorney General

Holly Fischer  
Assistant Attorney General

Certified Mail

Receipt No. 7002 0510 0002 0245 2484

Cs # 02-0726



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### **VOLUNTARY SURRENDER OF LICENSE TO PRACTICE NURSING AS A REGISTERED NURSE AND CERTIFICATE OF AUTHORITY TO PRACTICE AS A CERTIFIED NURSE MIDWIFE**

I, **KATHY J. WOOD AKA KATHY J. BROWN, R.N., C.N.M.**, am aware of my rights to representation by counsel and do hereby freely execute this document and choose to take the actions described herein.

I, **KATHY J. WOOD AKA KATHY J. BROWN, R.N., C.N.M.**, do hereby voluntarily, knowingly, and intelligently surrender my license to practice nursing as a registered nurse RN # 240235 and certificate of authority to practice nursing as a certified nurse midwife NM 06370, to the Ohio Board of Nursing, thereby relinquishing all rights to practice nursing as a registered nurse and certified nurse midwife in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice nursing as registered nurse and certified nurse midwife in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reregistration, reinstatement, or restoration of license to practice nursing and certificate of authority to practice nursing as a certified nurse midwife, or issuance of any other license or certificate of authority to practice nursing pursuant to Chapter 4723, Ohio Revised Code, on or after the date of signing this Voluntary Surrender of License to Practice as a Registered Nurse and Certificate of Authority to Practice Nursing as a Certified Nurse Midwife. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the Ohio Board of Nursing to enter upon its Journal an Order revoking my license to practice nursing as a registered nurse and certificate of authority to practice nursing as a certified nurse midwife in conjunction with which I expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, and right to appeal the Order of the Board revoking my license to practice nursing and certificate of authority to practice nursing as a certified nurse midwife.

I, **KATHY J. WOOD AKA KATHY J. BROWN, R.N., C.N.M.**, hereby release the Ohio Board of Nursing, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks, and governmental bodies.

KATHY J. WOOD AKA KATHY J. BROWN, R.N.  
Page 2

I stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings pursuant to Chapter 119, Ohio Revised Code, following a Chapter 119 hearing that was held in June 2003. The hearing was based upon the allegations set forth in the January 2003 Notice of Opportunity for Hearing a copy of which is attached hereto and incorporated herein.

I further stipulate and agree that the Ohio Board of Nursing pursuant to an investigation and review by the Ohio Board of Nursing's Supervising Member for Disciplinary Matters, determined that my conduct as outlined in the January 2003 Notice of Opportunity for Hearing constituted a violation of the law and rules set forth in the Notice of Opportunity for Hearing.

Signed this 12 day of November, 2003.

Kathy J. Brown  
SIGNATURE OF NURSE

Dorothy Buskholder  
WITNESS

Anna May Shuck  
WITNESS

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Accepted by the Ohio Board of Nursing:

John Brown, RN, MS  
JOHN BROWN, RN, MS  
Executive Director

11-21-03  
DATE

Mary Kay Sturbois, RN, ESN  
MARY KAY STURBOIS, RN, ESN  
President

11-21-03  
DATE



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In consideration of the foregoing and of MS. WOOD's aka MS. BROWN'S express waiver of the provisions of Chapter 119, Ohio Revised Code, it is hereby ORDERED that license #R.N. 240235 and certificate #N.M. 06370 authorizing KATHY WOOD aka MS. BROWN, to practice nursing as a registered nurse and as a certified nurse midwife be PERMANENTLY REVOKED, effective November 21, 2003.

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OHIO BOARD OF NURSING

(SEAL)

Mary Kay Sturbois, R.N., B.S.N.

President

November 21, 2003

Date

LFR/djf

cc: Katherine J. Bockbrader  
Assistant Attorney General

Holly Fischer  
Assistant Attorney General

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## VOLUNTARY SURRENDER OF LICENSE TO PRACTICE NURSING AS A REGISTERED NURSE AND CERTIFICATE OF AUTHORITY TO PRACTICE AS A CERTIFIED NURSE MIDWIFE

I, **KATHY J. WOOD AKA KATHY J. BROWN, R.N., C.N.M.**, am aware of my rights to representation by counsel and do hereby freely execute this document and choose to take the actions described herein.

I, **KATHY J. WOOD AKA KATHY J. BROWN, R.N., C.N.M.**, do hereby voluntarily, knowingly, and intelligently surrender my license to practice nursing as a registered nurse RN # 240235 and certificate of authority to practice nursing as a certified nurse midwife NM 06370, to the Ohio Board of Nursing, thereby relinquishing all rights to practice nursing as a registered nurse and certified nurse midwife in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice nursing as registered nurse and certified nurse midwife in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reregistration, reinstatement, or restoration of license to practice nursing and certificate of authority to practice nursing as a certified nurse midwife, or issuance of any other license or certificate of authority to practice nursing pursuant to Chapter 4723, Ohio Revised Code, on or after the date of signing this Voluntary Surrender of License to Practice as a Registered Nurse and Certificate of Authority to Practice Nursing as a Certified Nurse Midwife. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the Ohio Board of Nursing to enter upon its Journal an Order revoking my license to practice nursing as a registered nurse and certificate of authority to practice nursing as a certified nurse midwife in conjunction with which I expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, and right to appeal the Order of the Board revoking my license to practice nursing and certificate of authority to practice nursing as a certified nurse midwife.

I, **KATHY J. WOOD AKA KATHY J. BROWN, R.N., C.N.M.**, hereby release the Ohio Board of Nursing, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks, and governmental bodies.

KATHY J. WOOD AKA KATHY J. BROWN, R.N.  
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Signed this 12 day of November, 2003.

Kathy J. Brown  
SIGNATURE OF NURSE

Dorothy Buskholder  
WITNESS

Anna May Shuck  
WITNESS

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

(SEAL)

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NOTARY PUBLIC

(This form must be either witnessed OR notarized)

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John Brown, RN, MS  
JOHN BROWN, RN, MS  
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11-21-03  
DATE

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